

ANNAMALAI  UNIVERSITY

**DEPARTMENT OF BUSINESS ADMINISTRATION
&
NATIONAL INSTITUTE OF AGRICULTURAL EXTENSION
MANAGEMENT (MANAGE)**

AGRI-CLINICS & AGRI-BUSINESS CENTRE TRAINING PROGRAMME

APPLICATION FORM

1.	Name of the candidate	:	
2.	Name of the father/spouse	:	
3.	Date of birth	:	
4.	Sex	:	
5.	Community	:	SC / ST / OBC / General
6.	Permanent Address	:	
7.	Address for Correspondence	:	
8.	Mobile Number	:	
9.	Email	:	
10.	Educational Qualification	:	
11.	Name of the Degree/Diploma / Certificate	:	
12.	Specialization	:	
13.	Board/Institute/University where studied	:	
14.	University to which Affiliated	:	
15.	Marks/Grade Obtained	:	
16.	Year of Passing/Completion	:	
17.	Aadhar Card Number	:	

18.	Account Number	:	
19.	Name of the Bank	:	
20.	Bank IFSC Code No.	:	
21.	Branch Name	:	
22.	Experience	:	
23.	Family Background	:	Agriculture/other than Agriculture
24.	Nature of the enterprise being planned to set up after the training	:	
25.	Experience in the enterprise being planned	:	
26.	Likely place of establishment of enterprise	:	
27.	Aptitude for extension work with brief details of extension work done and vision for future in serving farmers.		

Date:

Signature:

Note: Please send one Passport size Photograph along with the application form